											Application or Docket Number					
,	PATENT A	PPL	ICAT	ποι	I FEE DE	TER	MINATIC	N RECO	RD			ء آ۔				
			Effec	<b>SVIX</b>	Decemb	er 29	, 1999				$\Box$	315	73	832		
GLAIMS AS FILED - PART I (Column 1) (Column 2)											SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
O	3		NUMBER FILED			N	NUMBER EXTRA			RAT	E	FEE		RATE	FEE	
BASIC FEE A										345.00	OR		690.00			
O	ALCLAIMS	C)C minus 20			:O-				X\$ 9=			OR	X\$18-			
NDEPENDENT CLAIMS 3 minus 3 m								X39			OR	X78=				
MILTIPLE DEPENDENT CLAIM PRESENT										+130			OR	+260=	•	
If the difference in column 1 is less than zero, enter "O" in column 2										TOT	7		OR	TOTAL	690	
CLAIMS AS AMENDED - PART (I											_			OTHER	THAN	
	(Cotumn 1) (Cotumn 2) (Cotumn 3)								SMA	щ	NTITY	OR	SMALL			
		REA	EAUNS MADEING NFTER ENDMENT			HUGHES MUMBE PREVIOUS PAID FO	INDER VIOUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 2	0.		Minus	,	20	- Ø		. XS 9	-		OR	X\$18=		
	Independent	• ,	3		Minus	•••	3	•Ø		X39	<b>1</b>		ОЯ	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130	<b>)-</b>		OR	+260=		
	.417/25								ļ		YAL		OR	YOYAL ADDIT, FEE		
	• , • .	(Column 1) (Column 2) (Column 3)								ADOIT.	ret		<b>J</b>	ADUIT. PEE		
		RE	MAINE MAINE VFTER	NG.		NO PRE	CHUST UMBER VIOUSLY UD FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
EMUMEN	Total .	•	$\mathcal{I}$	)	Minus	•	20			XS 9	}=		OR	X\$18=		
AME	Independent	·		<u>3</u>	Minus	<u></u>	3	•		X39	<b>=</b>		l <sub>or</sub>	X78=		
•	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									)= )=		OR	+260=		
	8/1/2									4	YAL	<del>                                     </del>	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)										ADOIT.	FEE			AUUII. FE		
U E		RE	MAIM	NG		N.	CHEST LIMBER EVIOUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AM	ENDMI		Minus	- P	O/\	. 2	1	XS	_	PEE		X3182	FEE	
MEKONE	Independent	•	نجخ	分	Minus		3	-	1	XXX	_	<del> </del> -	OR	V70-	100	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								]	<b> </b>	_		OR	<b>—</b>	<del> </del>	
" If the entry in column 1 is less than the entry in column 2, write "O" in column 2, " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.											)/AL		OR	TOTAL		
	ii the Trighest Ni If the Trighest M The Trighest Nur		A			HE CHA			er k		he et	propriate b	ez in c	olumn 1.		
	4 270 278		-						7	and mad	Tod	mark Office.	US DI	PARTMENT (	OF COMMERC	